

Division of Medical Assistance

270/271 Companion Guide
December 2003

Version 7.0

MassHealth Companion Guide



**For X12N 270/271 (version 4010A1)
Health-Care Eligibility/Benefit Inquiry and Information
Response Implementation Guide**

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1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996—Administrative Simplification (HIPAA-AS)—requires that the Division of Medical Assistance (Division), and all other health insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health-care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. Version 004010X092A1 of the 270/271 Eligibility Inquiry and Response transaction is the standard established by HHS for eligibility verification.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 270/271 eligibility verification transaction specifies in detail the required formats for eligibility inquiries submitted electronically to an insurance company, health-care payer, or government agency. The Implementation Guide contains requirements for use of specific segments and specific data elements within the segments, and was written for all health-care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files to MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The implementation guides for X12N 270/271 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of this Companion Guide

This Companion Guide was created for MassHealth Trading Partners by the Division to supplement the 270/271 Implementation Guide. It contains the Division's specific instructions for the following:

- data content, codes, business rules, and characteristics of the 270/271 transaction
- technical requirements and transmission options
- information on testing procedures that each Trading Partner must complete before submitting eligibility inquiries

The information in this guide supersedes all previous communications from the Division about this electronic transaction. The following policies are in addition to those outlined in the provider manuals. These policies in no way supersede the Division's regulations and this Companion Guide should be used in conjunction with the information found in the MassHealth Provider Manual.

1.5 Intended Audience

The intended audience for this document is the technical staff responsible for generating and receiving electronic 270/271 eligibility inquiries and responses.

2.0 Establishing Connectivity with MassHealth

The Division is currently assessing network options for Trading Partners to transmit electronic transactions to MassHealth. An External Trading Partner Network (ETPN) will be established for the use of MassHealth Trading Partners. Until such a network is established, MassHealth Trading Partners should coordinate the submission of 270 eligibility inquiries with the MassHealth REVS Help Desk, operated by EDS. *The information provided herein will be revised as the ETPN is implemented.*

2.1 Setup

All MassHealth Trading Partners must sign a Trading Partner Agreement (TPA) and will be requested to complete a Trading Partner Profile (TPP) form. Note that TPP information may be given over the telephone in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again. Please contact the MassHealth HIPAA Support Center (see section 2.5: [Support Contact Information](#)) if you have any questions about these forms.

MassHealth Trading Partners may submit HIPAA 270 eligibility inquiries to MassHealth via WebREVS (an Internet-based option), PC software (REVSpc), or a Web-enabled Bulletin Board System (BBS). Instructions for using these submission options are available from the MassHealth REVS Help Desk, or for more information, visit <https://www.massrevs.eds.com> (click on “REVS Home” in the left menu).

After establishing a transmission method, each Trading Partner must successfully complete Trading Partner testing. Information on this phase is provided in the next section of this Companion Guide. After successful completion of testing, live 270 transactions may be submitted to MassHealth.

2.2 Trading Partner Testing

All Trading Partners who plan to submit 270 eligibility inquiries must contact the MassHealth REVS Help Desk in advance to discuss the testing process, criteria, and schedule. Trading Partner Testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

The following conditions must be addressed in one or more test files:

- inquiry by Recipient Identification (RID) number
- inquiry by MassHealth card and sequence numbers
- inquiry by last name, first initial, date of birth, and gender

The Division will process these transactions in a test environment to validate that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. Once this validation is complete, the Trading Partner may submit production 270 inquiries to MassHealth for eligibility responses.

2.3 Technical Requirements

The current maximum file size for any 270 file submitted to MassHealth is four megabytes. If you have any questions, or would like to coordinate the processing of larger files, please contact the MassHealth REVS Help Desk (see [section 2.5: Support Contact Information](#)).

2.4 Acknowledgements

997 functional acknowledgements will be generated for all 270 files submitted to MassHealth with structural errors. These 997 transactions will be transmitted via batch response to each Trading Partner until an External Trading Partner Network is established.

2.5 Support Contact Information

MassHealth REVS Help Desk
Telephone: 800-462-7738
Fax: 617-350-8180
E-mail: REVSHelpDesk@eds.com

MassHealth
ATTN: REVS Provider Services
155 Federal St., Floor 6
Boston, MA 02110

MassHealth HIPAA Support Center
Telephone: 888-848-5068
Fax: 703-917-4940
E-mail: mailto:mahipaasupport@unisys.com

3.0 MassHealth-Specific Submission Requirements

The following sections outline recommendations, instructions, and conditional data requirements for 270 eligibility inquiries submitted to MassHealth. This information is designed to help Trading Partners construct the 270 transactions in a manner that will allow the Division to efficiently return eligibility information.

3.1 BBS True Batch and PC Software Pass-through Options

The Division supports two different models for submitting 270 transactions; the true batch option available through the BBS, and the pass-through option available through the REVSpC application.

The true batch method enables Trading Partners to upload a file of 270 eligibility inquiries via the BBS. The file(s) are processed on an hourly basis; therefore, the 271 eligibility response file(s) are available on the BBS within one hour of submission. An example of a true batch file appears in Appendix B of this guide.

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The PC software pass-through option is similar to bulk processing in real time. This process makes use of the REVScall.exe portion of the REVSpC application. The transaction layout has more stringent requirements than the BBS true batch option. An example of a pass-through file appears in Appendix C of this guide.

3.2 Interchange Header, Information Source, Information Receiver

Although submitters can view the entire set of required data elements in the 270/271 Implementation Guide, the Division recommends that submitters pay special attention to the segments in the table below. These segments will be populated in the same way for all 270 transactions.

Loop	Segment	Element Name	Companion Information
----	ISA 01	Authorization Information Qualifier	'03'
----	ISA 02	Authorization Information	Four to Seven character MassHealth User ID
----	ISA 03	Security Information Qualifier	'01'
----	ISA 04	Security Information	Six to Eight character MassHealth Password
----	ISA 05	Interchange Sender ID Qualifier	'ZZ'
----	ISA 06	Interchange Sender ID	Seven-digit MassHealth Submitter ID/Pay-to-Provider number
----	ISA 07	Interchange Receiver ID Qualifier	'ZZ'
----	ISA 08	Interchange Receiver ID	'MASS XIX DMA'
----	GS 02	Application Sender's Code	Four to Seven character MassHealth User ID
----	GS 08	Version / Release / Industry Identifier Code	'004010X92A1'
2100A	NM1 03	Name Last or Organization Name	'MASSACHUSETTS MEDICAID'
2100A	NM1 08	Identification Code Qualifier	'PI'
2100A	NM1 09	Identification Code	'MASS XIX DMA'
2100B	NM1 08	Identification Code Qualifier	'SV'
2100B	NM1 09	Identification Code	Seven-digit MassHealth Submitter ID/Pay-to-Provider number
2100C	NM1 08	Identification Code Qualifier	'MI'
2100C	NM1 09	Identification Code	Nine-character MassHealth Recipient Identification (RID) Number

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3.3 Inquiry Specific Data

The Division supports multiple search criteria for an eligibility inquiry. An inquiry may be submitted using RID number; MassHealth card and sequence numbers; or last name, first name, date of birth, and gender. The criteria for these options are listed below.

3.3.1 Inquiry by RID Number

Loop	Segment	Element Name	Companion Information
2100C	NM1 08	Identification Code Qualifier	'MI'
2100C	NM1 09	Identification Code	Nine-character MassHealth Recipient Identification (RID) Number

3.3.2 Inquiry by MassHealth card and sequence numbers

Loop	Segment	Element Name	Companion Information
2100C	REF 01	Identification Code Qualifier	'GH'
2100C	REF 02	Identification Code	Ten-digit MassHealth card Number and two-digit sequence number as a twelve digit numeric field

3.3.3 Inquiry by last name, first name, date of birth, and gender

Loop	Segment	Element Name	Companion Information
2100C	NM1 03	Last Name or Organization Name	Member's last name
2100C	NM1 05	Name First	Member's first name
2100C	DMG 01	Date Time Period Format Qualifier	'D8'
2100C	DMG 02	Date Time Period	Member's date of Birth
2100C	DMG 03	Gender Code	'F' or 'M'

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4.0 Sample MassHealth Transactions

4.1 Example of MassHealth 270 Transaction (RID number inquiry)

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031016*1200*U*00401*000000001*1*P*~  
GS*HS*USERID1*MASS XIX DMA*20031016*1200*1*X*004010X092A1~  
ST*270*0001~  
BHT*0022*13*REPW*20031016*1200~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*PROVIDER NAME*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*****MI*MM1234000~  
DTP*307*D8*20031016~  
EQ*30~  
SE*11*0001~  
GE*1*1~  
IEA*1*000000001~
```

4.2 Example of MassHealth 270 Transaction (Card number inquiry)

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031016*1200*U*00401*000000001*1*P*~  
GS*HS*USERID1*MASS XIX DMA*20031016*1200*1*X*004010X092A1~  
ST*270*0001~  
BHT*0022*13*REPW*20031016*1200~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*PROVIDER NAME*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1~  
REF*GH*8500000000004~  
DTP*307*D8*20031016~  
EQ*30~  
SE*12*0001~  
GE*1*1~  
IEA*1*000000001~
```

4.3 Example of MassHealth 270 Transaction (Name inquiry)

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031016*1200*U*00401*000000001*1*P*~  
GS*HS*USERID1*MASS XIX DMA*20031016*1200*1*X*004010X092A1~  
ST*270*0001~  
BHT*0022*13*REPW*20031016*1200~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*PROVIDER NAME*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*TEST*A~  
DMG*D8*19670512*M~  
DTP*307*D8*20031016~  
EQ*30~  
SE*12*0001~  
GE*1*1~  
IEA*1*000000001~
```

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5.0 Version Table

Version	Date	Section/Pages	Description
6.2	12/02	Entire document	Revision after final draft all distribution review
7.0	11/03	Entire document	Update and modify for consistency with other guides

Appendix A: Frequently Asked Questions

- Q.** What are the main differences between the REVSpC pass-through method and the BBS Web submission method?
- A.** The pass-through method contains one member per transaction (ST-SE). This means that each ST-SE has the information of only one member. Each transaction has its own interchange control (ISA-IEA) wrapper and function group (GS-GE) wrapper. The Web submission method accepts the format for pass-through as well as looped transactions. This means that each member can be represented within individual hierarchical levels (HL); repeated transactions within a functional group; and repeated groups within a given interchange.
- Q.** How are pass-through transactions separated?
- A.** When submitting transactions via pass-through, each interchange is separated by a carriage return.
- Q.** I have noticed 3 segments in my '270' that have a date. Which segment's date should I use to define the date of service?
- A.** The DTP segment is used in determining the date of service. If the DTP segment is not included in the transaction, the date of service will be determined by the date that is populated in the BHT04 field.
- Q.** What are the main differences between a 271, a 997, and a TA1?
- A.** A 271 is the response to a 270 and contains eligibility information. A 997 is a response to a malformed 270 that does not meet standard format requirements. A TA1 acknowledges the receipt of a 270 and may provide security error information.
- Q.** Is there a limit to the number of inquiries I can submit at once?
- A.** There is no limit to the number of inquiries that can be sent via the true batch or pass-through methods. Real time transactions are limited to one inquiry per interchange.
- Q.** What information is returned on the 271?
- A.** All available information about the member will be returned. This may include:
- Member address
 - Card number
 - Social Security Number
 - MassHealth coverage type
 - Primary care clinician information
 - Third party liability information
 - Managed care information
 - Restrictive messages

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- Q.** Will I get back different information if I check by card vs. RID number vs. name?
- A.** The information sent is specific to the member and the complete details are sent, regardless of inquiry by card, RID number, or name.
- Q.** What is the difference in speed on pass-through transactions via dial-up vs. Web connection?
- A.** The speed varies depending on the bandwidth available. Typically, a network connection with Web availability is significantly faster than a dial-up connection.
- Q.** Are any fields case sensitive?
- A.** No.
- Q.** What are the values you are looking for in ISA06 (Sender ID) and ISA08 (Receiver ID)?
- A.** ISA06 is your seven-digit MassHealth provider number. ISA08 is the constant value 'MASS XIX DMA'.
- Q.** Does the 'AAA*Y**67' indicate that there is something wrong with the 270 that was sent?
- A.** This response indicates that the member was not found in our system. If you are using a name inquiry, we recommend a RID number or card number inquiry to verify that the member is actually not found.

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Appendix B: BBS: True Batch Example

This is an example of a True Batch file containing three individual inquiries. True Batch has the ability to loop at the interchange, functional group, transaction, and hierarchical levels.

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031021*1358*U*00401*000000031*0*P*~  
GS*HS*USERID1*MASS XIX DMA*20031021*1358*1*X*004010X092A1~  
ST*270*1234~  
BHT*0022*13*EPIC*20031021*135800~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*TEST PROVIDER*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
HL*4*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
HL*5*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
SE*19*1234~  
GE*1*1~  
IEA*1*000000031~
```

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Appendix C: PC Software: Pass-through Example

This is an example of a pass-through file containing three individual inquiries.

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031021*1358*U*00401*000000031*0*P*:-  
GS*HS*USERID1*MASS XIX DMA*20031021*1358*1*X*004010X092A1~  
ST*270*1234~  
BHT*0022*13*EPIC*20031021*135800~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*TEST PROVIDER*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
SE*11*1234~  
GE*1*1~  
IEA*1*000000031~
```

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031021*1358*U*00401*000000031*0*P*:-  
GS*HS*USERID1*MASS XIX DMA*20031021*1358*1*X*004010X092A1~  
ST*270*1234~  
BHT*0022*13*EPIC*20031021*135800~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*TEST PROVIDER*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
SE*11*1234~  
GE*1*1~  
IEA*1*000000031~
```

```
ISA*03*USERID1 *01*PASSWORD *ZZ*9999999 *ZZ*MASS XIX DMA *031021*1358*U*00401*000000031*0*P*:-  
GS*HS*USERID1*MASS XIX DMA*20031021*1358*1*X*004010X092A1~  
ST*270*1234~  
BHT*0022*13*EPIC*20031021*135800~  
HL*1**20*1~  
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~  
HL*2*1*21*1~  
NM1*1P*2*TEST PROVIDER*****SV*9999999~  
HL*3*2*22*0~  
NM1*IL*1*****MI*999999999~  
DTP*307*D8*20031021~  
EQ*30~  
SE*11*1234~  
GE*1*1~  
IEA*1*000000031~
```

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Appendix D: TA105 Codes and the Errors

TA105	Description	Field(s) in Error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.	ISA13 IEA02
002	This Standard as Noted in the Control Standards Identifier is Not Supported.	ISA11
003	This Version of the Controls is Not Supported	ISA12
004	The Segment Terminator is Invalid	ISA00
005	Invalid Interchange ID Qualifier for Sender	ISA05
006	Invalid Interchange Sender ID	ISA06
007	Invalid Interchange ID Qualifier for Receiver	ISA07
008	Invalid Interchange Receiver ID	ISA08
010	Invalid Authorization Information Qualifier Value	ISA01
011	Invalid Authorization Information Value	ISA02
012	Invalid Security Information Qualifier Value	ISA03
013	Invalid Security Information Value	ISA02 ISA04 ISA06
014	Invalid Interchange Date Value	ISA09
015	Invalid Interchange Time Value	ISA10
016	Invalid Interchange Standards Identifier Value	ISA11
017	Invalid Interchange Version ID Value	
018	Invalid Interchange Control Number Value	ISA13
021	Invalid Number of Included Groups Value	GS06 GE02
022	Invalid Control Structure	ISA00 IEA00
023	Improper (Premature) End-of-File (Transmission)	GS00 GE00
024	Invalid Interchange Content (e.g., Invalid GS Segment)	ISA00 GE01
026	Invalid Data Element Separator	ISA00
027	Invalid Component Element Separator	ISA16

Appendix E: Links to On-line HIPAA Resources

The following is a list of on-line resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Association for Electronic Health-care Transactions (AFEHCT)

- A health-care association dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/
- This site is the resource for information related to the Health-care Common Procedure Coding System (HCPCS). www.cms.hhs.gov/medicare/hcpcs
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth Provider Services

- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. www.mahealthweb.com

Medicaid HIPAA Compliant Concept Model (MHCCM)

- This site presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit. www.mhccm.org

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org